MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(53)

01816

Reg. Dist. No. 103

1. PLACE OF DEATH: Charles
County
City or town La Plata Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Physicians Memorial Hospt. La Plata.
Stay in hospital or inst. (yrs., or mos., or days) 26 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Rock Point. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lloyd Bowen

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) February 23 1882

8. AGE: Years 57 | Months 11 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace Westmoreland Co. Va.
(Town, county, and state)
10. Usual occupation Oysterman
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden name ?
15. Birthplace ?

16. Informant Self. Hospital Record
Address La Plata
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7 1940 (month) (day) (year)
Cemetery or crematory Oakland
Location Waldorf
18. Funeral director Hunt Wayne
Address Waldorf
19. Feb 7 1940 (Date rec'd by registrar) J. M. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 5:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Feb 4 1940, and that I last saw him alive on February 3 1940.

Immediate cause of death Uremia 10 days
Arteriosclerotic Cardio-renal disease
Due to Squamous cell Carcinoma
Due to Left middle finger
Senile Keratosis.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION
?
140.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE J. T. McAndrew MD. M. D. or other
Address La Plata Md. Date signed 2/4/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01817

(83-b)

1. PLACE OF DEATH

County Charles Co. Registration Dist. No. 108

Village or City New Port No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Robert P. Bowling If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ ?

6. DATE OF BIRTH (month, day, and year) July 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own farm

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wallace Bowling

14. BIRTHPLACE (city or town) (State or country) St Mary's Co.

MOTHER

15. MAIDEN NAME Ellen Dolman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) O. H. Bowling Davis Mill Md.

18. BURIAL, CREMATION, OR REMOVAL Place Family Church Date Feb 4, 1940

19. UNDERTAKER (Address) Hunt & Ryan

20. FILED 2/2/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 2 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19__, to Feb 2, 1940

I last saw him alive on Feb, 1940; death is said to have occurred on the date stated above, at 8 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other Contributary Causes of Importance:

Prostatitis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Hoyt Vorman M. D.

(Address) Hoyt Mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01818

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (107)

County Chas Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan J. Chappelear

(a) Residence: No. Hughesville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widow

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. H. Chappelear

6. DATE OF BIRTH (month, day, and year) Aug 29th 1852

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
87	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Hughesville Md

FATHER

13. NAME Francis Canter

14. BIRTHPLACE (city or town) (State or country) Chas Co Md

MOTHER

15. MAIDEN NAME Jane Dothoron

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Eva Chappelear

(Address) Hughesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Old Fields Date 2/3, 1940

19. UNDERTAKER Elmer M. Quade

(Address) Hughesville, Md

20. FILED 2/3/40, 19 Eva Chappelear

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2/1/40

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1940, to Feb 1, 1940.

I last saw h. alive on Feb 1, 1940; death is said to have occurred on the date stated above, at 10-30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchio-Pneumonia Date of onset Feb 1/40

Dther Contributory Causes of importance:

Acute Card Jan 25/40

Name of operation Date of

Whet test confirmed diegnosis? Was there en eutopsy?

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in eny wey releted to occupation of deceased?

If so, specify

(Signed) J S Chappell M. D.

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

01819

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physician's Memorial Hosp

Stay in hospital or inst. (yrs., or mos., or days) 13 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. West
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Della

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1940

8. AGE: Years | Months | Days | If less than one day 13. hrs. min.

9. Birthplace Charles Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Luther A. Della
13. Birthplace St. Mary's Co.

MOTHER
14. Maiden name Mary Cusick
15. Birthplace Prince's George Co.

16. Informant Mr. Luther A. Della

Address La Plata

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 8 1940 (month) (day) (year)

Cemetery or crematory Cemetery Newburg

Location South of La Plata

18. Funeral director Luther Della (father)

Address La Plata Md

19. Feb 8 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 7 1940 to February 8 1940, and that I last saw him alive on February 8 1940.

Immediate cause of death Prematurity (6½ month foetus) | DURATION

Due to

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE J. T. McAndrew MD
M. D. or other

Address La Plata Md Date signed 2/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

01820

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4½ hrs.

Stay in this community (yrs., or mos., or days): [redacted] 5 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Welcome, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Baby Boy Edwards.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 5, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	5 hrs. 0 min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER — 12. Name: Ralph Edwards

FATHER — 13. Birthplace: Asheville, N.C.

MOTHER — 14. Maiden name: Frances Santisello

MOTHER — 15. Birthplace: Massachusetts

16. Informant: Ralph Edwards (father)

Address: Welcome, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 5 1940 (month) (day) (year)

Cemetery or crematory: Mariannas Baptist

Location: West of La Plata

18. Funeral director: Ralph Edwards (father)

Address: Welcome Md

19. Feb. 5 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5, 1940, at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on February 5, 1940, to —, 19—, and that I last saw him alive on February 5, 1940.

Immediate cause of death	DURATION
Prematurity (Wgt. 2 lbs. 10 oz.)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jesse L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed: 2-5-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

01821

Reg. Dist. No. 1 09

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near LaPlata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near LaPlata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: LaPlata – Bryantown road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Leo Farmer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife: Marguerite Farmer

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): June 9, 1907

8. AGE: Years	Months	Days	If less than one day
32	8	7	____ hrs. ____ min.

9. Birthplace: Newport, Charles Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: (Farm Helper)

FATHER
12. Name: George Farmer
13. Birthplace: Newport, Md.

MOTHER
14. Maiden name: Frances —
15. Birthplace: Newport, Md.

16. Informant: Marguerite Farmer (wife)
Address: Now Bryantown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 19 1940 (month) (day) (year)
Cemetery or crematory: St Marys Cemetery Bryantown
Location: East of La Plata

18. Funeral director: Hunt and Posey
Address: Waldorf Md

19. Feb. 18th 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Febr. 16, 1940, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
on Febr. 16 1940 to —,
and that I last saw him on Febr. 16 1940.

Immediate cause of death: Conflagration — DURATION: 15 min.

Due to (i.e., deceased unable to escape from accidental

Due to destruction of dwelling by fire)

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 2-16-40

Where did injury occur? LaPlata (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: House burned down Injured at work? No

23. SIGNATURE: James L. MacKaracgh, M.D., Dep. Medical Examiner
M. D. or other

Address: La Plata, Md. Date signed: 2-17-40

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01822

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83a)

County Charles — Registration Dist. No. 283

Village or City Piccowick — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 3 mos. 2 ds. — How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Charles McKinley Gray

(a) Residence: No. Chaptico, Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lucy Ann Pickerton Gray

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tenant Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Peggie Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mgutiza Gray (Address) Chaptico, Md

18. BURIAL, CREMATION, OR REMOVAL St. Joseph's Cemetery

Place Morganza, Md Date March 2, 1940

19. UNDERTAKER Poe E. Welch (Address) Chaptico, St. Mary's Co. Md

20. FILED Feb. 29, 1940 L. B. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 29, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1940, to Feb. 29, 1940

I last saw him alive on February 25, 1940; death is said to have occurred on the date stated above, at 2:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1/20/40
Other Contributory Causes of importance:	
Arteriosclerosis.	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Poe E. Welch M. D.

(Address) Chaptico, St. Mary's Co., Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 6 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

01823

CERTIFICATE OF DEATH

Reg. Dist. No. 1 04

1. PLACE OF DEATH:

County: Charles

City or town: Rock Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 80 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rock Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Simon Spearman Lancaster

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Verlinda Lancaster

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1859

8. AGE:

Years	Months	Days	If less than one day
80	3		hrs. min.

9. Birthplace: Rock Point, Charles, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own farm

FATHER
12. Name: Ignatius Lancaster
13. Birthplace: Chas Co., Md.

MOTHER
14. Maiden name: Elizabeth Spearman
15. Birthplace: Smyrna, Delaware

16. Informant: Charles C. Lancaster, (Son)
Address: Rock Point, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: 2-6-40 (month) (day) (year)

Cemetery or crematory: Holy Ghost

Location: Dasen, Md.

18. Funeral director: Hurst & Ryan

Address: Waldorf

19. 2-6-1940 (Date rec'd by registrar) L. L. Higdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 4, 1940, at 6 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fall, 1935, to Febr. 1940, and that I last saw him alive on February 3, 1940.

Immediate cause of death	DURATION
Uremia	2 days
Due to Chronic glomerulonephritis	2 yrs, as well as known
Due to —	
Other conditions Acute bronchitis	3 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed: 2-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CIVED
MAR 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

01824

Reg. Dist. No. 104

1. PLACE OF DEATH:
County: Charles Co
City or town: Wayside, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Mary Estelle Lloyd.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or ~~wife~~: Andrew P. Lloyd.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 21 1853

8. AGE: Years	Months	Days	If less than one day
86	10	19	hrs. min.

9. Birthplace: Chas. Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: George Bailey
13. Birthplace: Chas. Co. Md
MOTHER 14. Maiden name: unknown
15. Birthplace
16. Informant: G. L. Lloyd
Address: Wayside, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/12/40 (month) (day) (year)
Cemetery or crematory: Holy Ghost
Location: Issue, Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.
19. 2-12-1940 (Date rec'd by registrar) T. L. Hitchens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/40 19 , at 1.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-8 1940 to 2-10 1940
and that I last saw h ~~ew~~ alive on 2-8- 1940

Immediate cause of death: Myocardial failure — DURATION 2-6-40
Due to: Arterio - Sclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE E. K. Edelen M. D. or other
Address: La Plata, Md. Date signed 2-11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Jerome Goldsmith

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

01825

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Marbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henritta Romay.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Old
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Peter Romay
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1865
8. AGE: Years 75 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Charles Co., Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Robert E. Lemmon
13. Birthplace: Charles Co. Md
MOTHER
14. Maiden name: Jane Henson.
15. Birthplace: Charles Co. Md.
16. Informant: Edward Matthews.
Address: Washington DC.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 5, 1940. (month) (day) (year)
Cemetery or crematory: St. Charles
Location: Olymont
18. Funeral director: Stanley Penny.
Address: Pisgah Md.
19. Feb. 3 1940 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Ac. Cardiac Dilatation (?)
Due to: Chronic myocarditis. C.W.G.R. Duration: several years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.
M. D. or other
Address: Marbury Md Date signed Feb. 2, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106b)

CERTIFICATE OF DEATH

01826

Reg. Dist. No. 101 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Nanjemoy Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Nanjemoy Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs Penelope Sandonia Oliver

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 23-1854

8. AGE:

Years	Months	Days	If less than one day
85	8	28	hrs. min.

9. Birthplace: Pisgah Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: William B Carpenter
13. Birthplace: Pisgah Md

MOTHER
14. Maiden name: Ethelda Garrett
15. Birthplace: Pisgah Md

16. Informant: Mrs Mary E Ward
Address: Nanjemoy Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-22-40 (month) (day) (year)
Cemetery or crematory: Pisgah Methodist
Location: Pisgah Md

18. Funeral director: Hunt & Ryon
Address: Waldorf Md

19. 2/2/40 (Date rec'd by registrar) Mary Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/20/40 19 at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1939 to Feb 20 1940 and that I last saw her alive on Feb. 19 1940.

Immediate cause of death: Cer: Embolism & Cardiac Dilatation

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bicknell MD
M. D. or other
Address: Marbury Md Date signed: Feb 21 40

RECEIVED
MAR 9 1940
BUREAU V.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01827

1. PLACE OF DEATH (120-E)

County Charles Registration Dist. No. 108

Village or City Durham No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? Life yrs. mos. ds.

2. FULL NAME Francis A Orrin

(a) Residence: No. Durham St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Moran

6. DATE OF BIRTH (month, day, and year)

7. AGE 80 Years 1859 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gen. Mgr.

10. Date deceased last worked at this occupation (month and year) until death

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County

FATHER

13. NAME Robt Orrin

14. BIRTHPLACE (city or town) (State or country) Charles County

MOTHER

15. MAIDEN NAME Eliza Moran

16. BIRTHPLACE (city or town) (State or country) Charles County

17. INFORMANT (Address) J Frank Padgett

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Church Date 2/21, 1940

19. UNDERTAKER (Address) Eugene Hall Great Mills Md

20. FILED 2/21/40, 19 Eva Trappeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to Feb 18, 1940

I last saw him alive on Feb 18, 1940; death is said to have occurred on the date stated above, at 9 15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Ulcerated Colitis

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos Lynch M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however; designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117a

01828

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Waldorf Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Waldorf Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Fletcher Patrick

3. (b) Social Security Number no

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susan Patrick

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 - 1856

8. AGE: Years 83 Months 3 Days 21 If less than one day hrs. min.

9. Birthplace Henderson Md (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

FATHER 12. Name Joshua Patrick

13. Birthplace —

MOTHER 14. Maiden name —

15. Birthplace —

16. Informant Hervet Patrick

Address Owensboro Ky

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-14-40 (month) (day) (year)

Cemetery or crematory Oakland

Location Waldorf Md

18. Funeral director Hunt H Ryan

Address Waldorf Md

19. Feb 14 1940 (Date rec'd by registrar) M. L. Moore Sec'y Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11th 1940, to Feb 11th 1940, and that I last saw him alive on Feb 11th 1940.

Immediate cause of death Acute Gastritis

Due to Improper diet

Due to Ulcer of Stomach

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

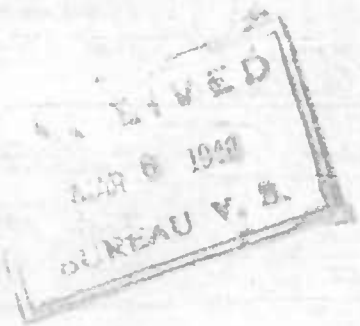
23. SIGNATURE Thos Lynch M. D. or other

Address Waldorf Date signed Feb 13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
AUG 6 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01829

(131-a)

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Tompkinsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Alfred Penn If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Littie Penn.

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years Months Days If LESS than 1 day, hrs.

? Was about 15 yrs old at outbreak of civil war (about 95 yrs old)

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Tompkinsville Md.

FATHER

13. NAME Frank Penn.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? Bailey

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Marcellus Williams (Son in law) Tompkinsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 2-7-, 1940

19. UNDERTAKER (Address) Hewitt & Bryan Waldorf

20. FILED 2-7-, 1940 L. K. Hayden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Saw patient once, 2/3/40, 19

I last saw him alive on 2/3, 1940; death is said to have occurred on the date stated above, at 2:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days duration
Arteriosclerotic Cardio-Renal disease	?
Senility.	

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify —

(Signed) J. T. McAndrew M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

CERTIFICATE OF DEATH

01830

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Charles
City or town Rison
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Rison Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary J. Smallwood

3. (b) Social Security Number

4. Sex Female | 5. Color or race Col | 6.(a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Joe Smallwood.

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 58 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Chicamuxen Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jas. Smallwood.
13. Birthplace Maryland.

MOTHER 14. Maiden name Unknown
15. Birthplace "

16. Informant Jas. Smallwood
Address Rison Md.

17. Burial Date thereof Feb. 22 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Alexander Chapel.
Location Chicamuxen, Md.

18. Funeral director Stanley Penny.
Address Pisgah, Md.

19 Feb. 20 1940 Mary Smallwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20th 1940, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939 to Feb. 20 1940, and that I last saw her alive on Feb. 19 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage.	
Due to Chr. Nephritis.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.
M. D. or other
Address Marbury Md Date signed Feb. 21 1940

RECEIVED
MAR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01831

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Charles.
City or town Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Wedding

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single.

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12 1940

8. AGE: Years Stillbirth | Months | Days | If less than one day hrs. min.

9. Birthplace Marlboro Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harry Wedding
13. Birthplace Pleasant Md.

MOTHER 14. Maiden name Grace Leland.
15. Birthplace Hill Top, Md.

16. Informant Harry Wedding
Address Marlboro Md.

17. Marlboro Date thereof Feb. 13 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Marlboro, Md.
Location O. W. Crossmond's land

18. Funeral director Harry Wedding
Address Marlboro Md

19. Feb. 13 1940 Mary Scuttersland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Stillbirth — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.
M. D. or other
Address Marlboro Md Date signed Feb. 13 40

RECEIVED
MAR 9 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-CY

01832

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Grayton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Grayton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Leon Redmon Wheeler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Fanny Wheeler
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1865

8. AGE: Years	Months	Days	If less than one day
74	2	5	hrs. min.

9. Birthplace (Town, county, and state): Rison, Charles County, Md
10. Usual occupation: Retired, Carpenter USNPF
11. Industry or business: U.S. Naval Powder Factory
FATHER 12. Name: Peter Wheeler
13. Birthplace: Chas. Co. Md.
MOTHER 14. Maiden name: Margert S. Roe
15. Birthplace: Chas. Co. Md.
16. Informant: Mrs. Dennie Jenkins, Daughter
Address: Rison, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 17, 1940 (month) (day) (year)
Cemetery or crematory: Methodist Church Grounds
Location: Chicamuxen, Md.
18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.
19. Feb 12 1940 (Date rec'd by registrar) John J. Maddox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14 1940, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1940 to Feb. 17 1940, and that I last saw h[illegible] alive on Feb. 4 1940

Immediate cause of death	DURATION
Acute myocarditis	1 week
Due to Cardio-vascular Renal Disease	4 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank. Susan M. D.
M. D. or other
Address: Indian Head, Md. Date signed: Feb 16, 1940

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01833

1. PLACE OF DEATH

County Charles Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah Maria Woodburn

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo M Woodburn

6. DATE OF BIRTH (month, day, and year) Aug 11 1857

7. AGE Years 82 Months 6 Days 7 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Athome

10. Date deceased last worked at this occupation (month and year) All life

11. Total time (Years) spent in this occupation All life

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Francis Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Lothorn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Eva Chappelen Hughesville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Old Fields Date 2/20, 1940

19. UNDERTAKER (Address) Elmer Meade Hughesville Md

20. FILED 2/20/40, 19 Eva Chappelen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 6, 1940, to Feb 18, 1940

I last saw her alive on Feb 18, 1940; death is said to have occurred on the date stated above, at 3 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Feb 18

Other Contributory Causes of importance: O.K.

Bronchi - Pneumonia & Influenza	Feb 8

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J D Chappelen M. D.

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01834

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Charles Registration Dist. No. 100

Village or City Ripley Rural No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Woodland If U. S. Veteran, specify WAR

(a) Residence: No. Ripley Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Woodland

6. DATE OF BIRTH (month, day, and year): Aug 1, 1876

7. AGE: 63 Years, Months 6, Days 8. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Nov. 23, 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Pomfort Md

FATHER

13. NAME: Henry Blair

14. BIRTHPLACE (city or town) (State or country): Portobacco Md.

MOTHER

15. MAIDEN NAME: Alice Jones

16. BIRTHPLACE (city or town) (State or country): Portobacco Md

17. INFORMANT (Address): Maud E. Marshall Pomonkey Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Pomfort Md. Date: Feb 12, 1940

19. UNDERTAKER (Address): John T. Stewart

20. FILED: Feb 9, 1940 Lillian Posey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1940, to Feb 9, 1940

I last saw her alive on Feb 8, 1940; death is said to have occurred on the date stated above, at 12 05 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-13-40
relapse (double)	1-31-40
Other Contributory Causes of importance: Congestive Heart Failure due to Myocardicitis	1-20-40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E J Edelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer,** stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAR 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46 E)

01835

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County Charles.
City or town Marbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Marbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sally Wright.

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ed. Wright
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Dec. 23, 1870

8. AGE: Years 69 Months 2 Days 26 If less than one day hrs. min.

9. Birthplace Westmoreland Virginia
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Thomas Atwell
13. Birthplace Westmoreland Virginia
MOTHER
14. Maiden name Betty Elizabeth Johnson
15. Birthplace Westmoreland Virginia
16. Informant Russell Gunder.
Address Marbury Md.
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 21, 1940
(month) (day) (year)
Cemetery or crematory Baptist Cemetery
Location Marbury, Md.
18. Funeral director Hunt & Ryon,
Address Waldorf, Md.
19. Feb. 21 1940 Mary Southerland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19th 1940, at 1:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7 1939, to Feb. 19 1940, and that I last saw her alive on Feb. 19 1940.

Immediate cause of death Gastric Carcinoma
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Bicknell M.D.
M. D. or other
Address Marbury Date signed Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 9 1950
BUREAU V. S.